

Replaces Permit #1788

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION	
Town of	<u>LAMOINE</u>
Property Owner's Name:	<u>STEWART WORKMAN</u> Tel. No.: _____
System's Location:	<u>ROUTE 184 (DOUGLAS HIGHWAY)</u>
Property Owner's Address:	<u>358 DOUGLAS HIGHWAY - LAMOINE, ME.</u> Zip Code <u>04605</u>
e-mail address:	_____

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☐ local approval ☒ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>SETBACK REDUCTION: SYSTEM TO WELL</u> <u>94'</u>	<u>TABLE 8-A</u>
2. <u>SOILS: D-E, 4" S.G.W.T.</u>	<u>TABLE 4-F</u>
3. <u>3:1 DOWNSLOPE SIDE OF SYSTEM.</u>	<u>Section 8-D-1-C</u>
SITE EVALUATOR	

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

VARIANCE REQUESTS MINIMIZED.

I, WILLIAM A. LABELLE JR. #319, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

[Signature] #319
SIGNATURE OF SITE EVALUATOR

4-13-16
DATE

PROPERTY OWNER	
I, <u>Alice F. Workman</u> , am the <input type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.	
<u>[Signature]</u> <input type="checkbox"/> SIGNATURE OF OWNER <input type="checkbox"/> AGENT FOR THE OWNER	<u>4/18/16</u> DATE

LAMOINE

ROUTE 184

STEWART WORKMAN

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Millard Billings, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☒ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Millard Billings
LPI Signature

4-27-2016
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

Replaces Permit 1788

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMONE	Town/City	LAMONE Permit # 1793
Street or Road	ROUTE 184 (DOUGLAS HIGHWAY)	Date Permit Issued	4/27/16 Fee \$ 285 Double Fee Charged ()
Subdivision, Lot #		Local Plumbing Inspector Signature	Michael Bellamy L.P.I. # 820
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	WORKMAN, STEWART	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State
Mailing Address of	358 DOUGLAS HIGHWAY	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	LAMONE, ME. 04605		
Daytime Tel. #		Municipal Tax Map # 9	Lot # 14
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant		(1st Date Approved)	
Date 4/25/16		Local Plumbing Inspector Signature	
		(2nd Date Approved)	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: TRENCH OR BED Year Installed: 1970's <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
TO BE 2 sq. ft. acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input type="checkbox"/> 3. Other: (SPECIFY) Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY 1000 gallons	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE 900 sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	180 gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	3. Section 4G (meter readings)
PROFILE CONDITION 9 / E at Observation Hole # 2 Depth 4" OF MOST LIMITING SOIL FACTOR	<input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input checked="" type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	<input checked="" type="checkbox"/> 1. Not Required (SET NEW HOUSE TO ALLOW GRAVITY FEED) <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. 44° 30' 57" N Lon. 68° 21' 44" W If g.p.s., state margin of error 30'

SITE EVALUATOR STATEMENT

I certify that on 4-11-16 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature WILLIAM A. LABELLE, JR.	319 SE# (207) 537-5900	4-13-16 Date labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
LAMOINE

Street, Road, Subdivision
ROUTE 184

Owner or Applicant Name
STEWART WORKMAN

SITE PLAN

Scale 1" = 60 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)

Moquin Road

RT. 184

SITE *

(SEE ATTACHED SITE PLAN)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole # 1 ☒ Test Pit ☐ Boring
1/2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		DARK OLIVE	N.E.
LOAM	FRIABLE	BROWN	
TO		OLIVE	COMMON
LOAM	FIRM	PALE	DISTINCT
		OLIVE	

Soil Profile 1/8 Classification D Slope 5% Limiting Factor 12" Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth ☐

Observation Hole # 2 ☒ Test Pit ☐ Boring
2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
CLAY		OLIVE	N.E.
LOAM	FRIABLE	BROWN	MANY
TO			PROMINENT
CLAY	COMPACTED (2.5/4/3)		

Soil Profile 9 Classification E Slope 3 1/2% Limiting Factor 4" Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth ☐

W.C.L.
Site Evaluator's Signature

319
S. E. #

4-13-16
Date

SCALE: 1" = 60 FT.

MacGillivray
Road



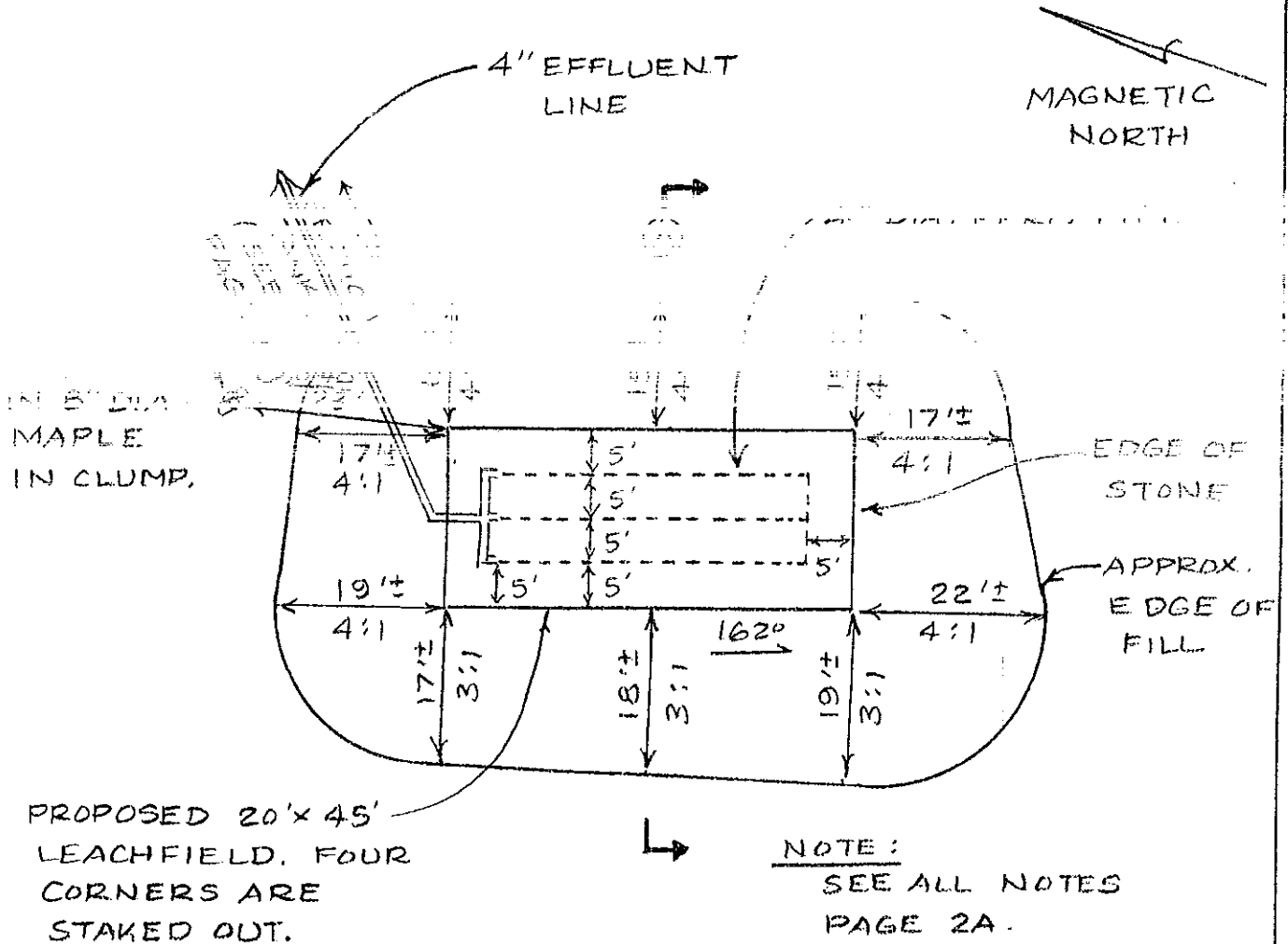
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
ROUTE 184

Owner or Applicant Name
STEWART WORKMAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' F.T.



DATE REVISION/REVISION	CONSTRUCTION ELEVATIONS	SYSTEM	OWNER	ELEVATION REFERENCE POINT
08/13/16	100.00	100.00	100.00	100.00

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. TANK(S) MUST BE 12" MINIMUM FROM EXISTING
2. Ground surrounding area to divert surface water away from system
3. The system must be installed in a location that is not subject to flooding
4. The system must be installed in a location that is not subject to flooding
5. Full basement below grade foundation, frost wall or columns must be 20' minimum from edge of disposal field and slabs on grade must be 15' minimum from edge of disposal field.

W. C. L.
 Site Evaluator's Signature

319
 S.E. #

4-13-16
 Date

NOTE: GRADE UPSLOPE

AND DOWN SLOPE

TO DIVERGENT SURFACE
WIDE BERM
WATER AWAY FROM
SYSTEM.

DISPOSAL BED CROSS SECTION

SCALE: 1" = 5'

(A)

FILL MATERIAL, SHALL BE 8" MIN THICK
OVER STONE AND SHALL BE GRAVE
COARSE SAND TO TENSARDS
SEC. 11-B IN THE SURFACE RULE

CROWN FINISH GRADE FROM CENTER A 3% SLOPE
2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
PLACED OVER STONE

REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA,
SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE

BOTTOM OF STONE:

0"

-22" CR MIN

-37"

-48"

OWNER:

STEWART WOODMAN

LOCATION:

LAMOLINE

WILLIAM A. LABILLE, JR.

BOTTOM OF STONE MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 1" PER 10'

4" PIPE, PIPE
TYPICAL

SOIL TO BE A GOOD LOAM
ESTABLISH A GOOD
VEGETATIVE COVER, SEED AND
MULCH TO PREVENT EROSION,
NO EXTENSIONS

NO GREATER THAN 3:1,
(33% SLOPE), THIS
SIDE

1" DISK OR ROTO-TILL
OR 1/2" DISK OR ROTO-TILL
OR 1/4" DISK OR ROTO-TILL
OR 1/8" DISK OR ROTO-TILL
OR 1/16" DISK OR ROTO-TILL
OR 1/32" DISK OR ROTO-TILL
OR 1/64" DISK OR ROTO-TILL
OR 1/128" DISK OR ROTO-TILL
OR 1/256" DISK OR ROTO-TILL
OR 1/512" DISK OR ROTO-TILL
OR 1/1024" DISK OR ROTO-TILL
OR 1/2048" DISK OR ROTO-TILL
OR 1/4096" DISK OR ROTO-TILL
OR 1/8192" DISK OR ROTO-TILL
OR 1/16384" DISK OR ROTO-TILL
OR 1/32768" DISK OR ROTO-TILL
OR 1/65536" DISK OR ROTO-TILL
OR 1/131072" DISK OR ROTO-TILL
OR 1/262144" DISK OR ROTO-TILL
OR 1/524288" DISK OR ROTO-TILL
OR 1/1048576" DISK OR ROTO-TILL
OR 1/2097152" DISK OR ROTO-TILL
OR 1/4194304" DISK OR ROTO-TILL
OR 1/8388608" DISK OR ROTO-TILL
OR 1/16777216" DISK OR ROTO-TILL
OR 1/33554432" DISK OR ROTO-TILL
OR 1/67108864" DISK OR ROTO-TILL
OR 1/134217728" DISK OR ROTO-TILL
OR 1/268435456" DISK OR ROTO-TILL
OR 1/536870912" DISK OR ROTO-TILL
OR 1/1073741824" DISK OR ROTO-TILL
OR 1/2147483648" DISK OR ROTO-TILL
OR 1/4294967296" DISK OR ROTO-TILL
OR 1/8589934592" DISK OR ROTO-TILL
OR 1/17179869184" DISK OR ROTO-TILL
OR 1/34359738368" DISK OR ROTO-TILL
OR 1/68719476736" DISK OR ROTO-TILL
OR 1/137438953472" DISK OR ROTO-TILL
OR 1/274877906944" DISK OR ROTO-TILL
OR 1/549755813888" DISK OR ROTO-TILL
OR 1/1099511627776" DISK OR ROTO-TILL
OR 1/2199023255552" DISK OR ROTO-TILL
OR 1/4398046511104" DISK OR ROTO-TILL
OR 1/8796093022208" DISK OR ROTO-TILL
OR 1/17592186044416" DISK OR ROTO-TILL
OR 1/35184372088832" DISK OR ROTO-TILL
OR 1/70368744177664" DISK OR ROTO-TILL
OR 1/140737488355328" DISK OR ROTO-TILL
OR 1/281474976710656" DISK OR ROTO-TILL
OR 1/562949953421312" DISK OR ROTO-TILL
OR 1/1125899906842624" DISK OR ROTO-TILL
OR 1/2251799813685248" DISK OR ROTO-TILL
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